

Job Aids

These are meant to be reference materials to assist in creating a contingency plan and should be used in the planning meetings. Not all situations are covered in these documents. You may wish to modify the forms for your particular event or your community.



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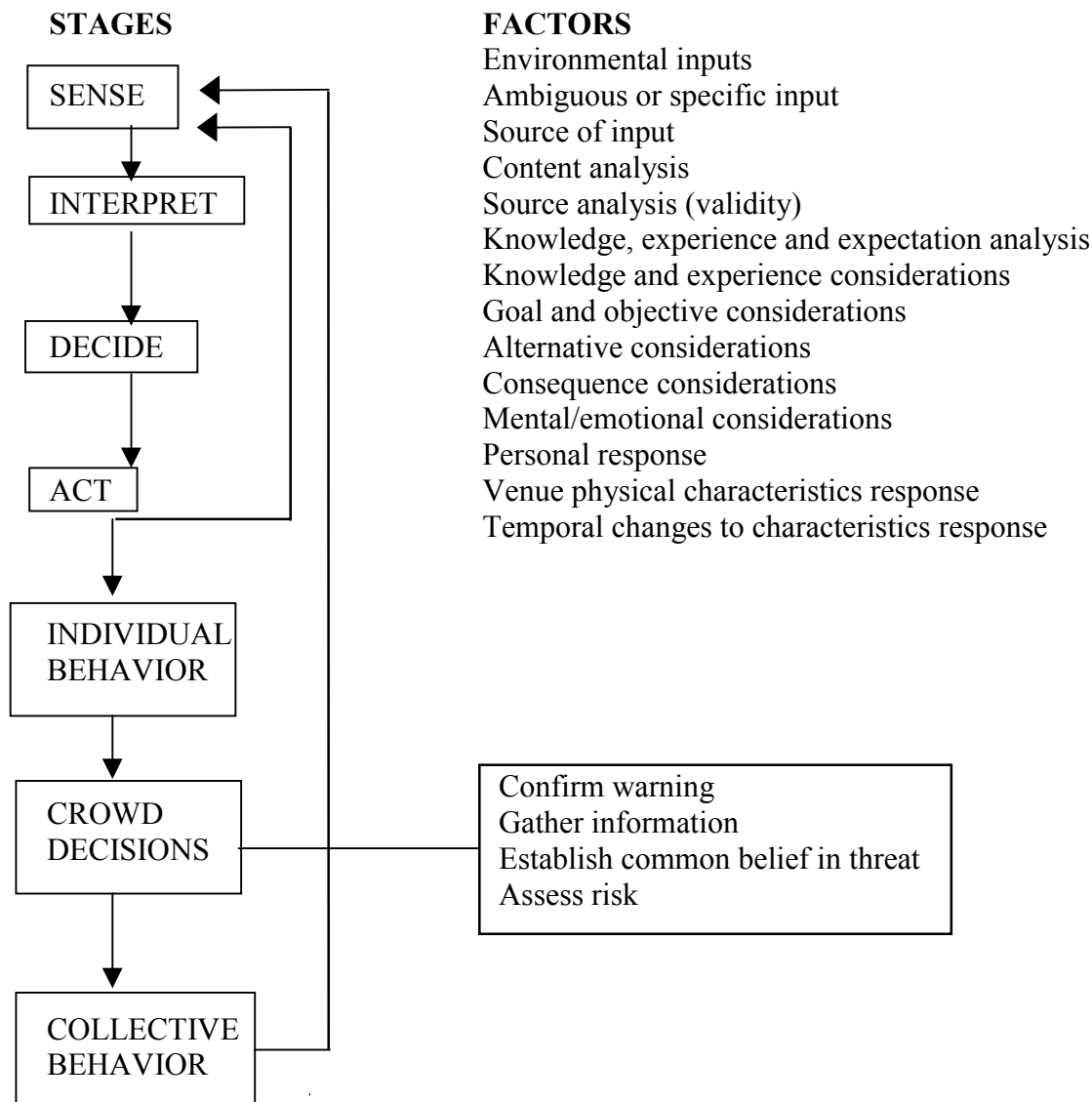
TAB 01: NOTES ON HUMAN BEHAVIOR

1. People are action or goal-orientated. Their reason for being there guides behavior.
2. Behavior takes place within existing roles. These roles may be part of the crowd or that of ticket collector or security guard.
3. Role-related rules guide behavior. The rules guide behavior of the person in the role and also how people will react to them.
4. People actively interpret their surroundings. Behavior is based on this interpretation.
5. Behavior is “setting defined.” The nature and purpose of the place influence what goes on and what is deemed appropriate behavior.
6. Behavior is guided by expectations and understanding. People use understanding of the usual behavior for the place and expectations about people in particular roles to interpret what is going on about them and to guide their actions. For example, running in an underground railway does not signify a fire.
7. Behavior is guided by its organized context. Simply, this relates to how the system functions normally. If it is unable to cope normally, then it will not cope during a disaster.
8. Behavior is guided by its historical context. Over time, people establish a view of the place and relationships with people there. These relationships and experiences play a role in shaping action and interaction.
9. Stages of behavior. (See Tab 03.)

Modified from Donald, Ian. “Crowd Behavior at the King's Cross Underground Disaster.” Easingwold Papers No. 4: Lessons Learned from Crowd-Related Disasters. Emergency Planning College, Yorkshire, 1992.

TAB 02: STAGES OF BEHAVIOR

For ease of understanding, we divide individual behavior into four stages. With each input, we include an analysis of the information leading to the response. This process is a feedback loop that is in action continuously.



Crowd responses are thus sequences of individual and collective behavior, where individuals communicate with one another to affiliate (for example, family or friendships), reduce confusion, and evaluate emotional responses.

TAB 03: CROWD NOTES

1. Crowds are complex social structures.

Social **ROLE** is the behavior set we carry out in a given context.

Social **NORM** is the guideline set we use to deal with others in their role.

Crowd Roles:

- Active Core: carry out action of crowd.
- Cheerleaders: verbal support for leaders.
- Observers: follow actions but rarely take part.

Gatherings are organized into roles that have differing behaviors and are spatially distributed.

Phases in Culture Development -- Vocalization -- Verbalization -- Gesticulation.

Significance of crowds:

- Increase probability of a dangerous occurrence.
- Increase potential number of victims.
- Make communication slower and more difficult.
- Make changes in action slower and more difficult.
- Diffusion of responsibility (someone else will do it).

2. Panics and Crazes

Panic in a group is the flight from a real or perceived threat in which escape appears to be the only effective response. What appears to be panic is usually the result of poor inputs (especially communications or the lack of) and previous knowledge and experience.

Craze in a group is the temporary, short-lived competitive rush by a group toward some attractive object. Tends to occur on entering, exacerbated by the lack of information.

3. Deindividuation

Deindividuation is defined as a loss of self-awareness and evaluation apprehension in group situations that foster anonymity. While obviously related to individual behavior, you must consider it closely with Crowd Composition (see Tab 06). Behavior may be:

- Mild lessening of restraint, for example, screaming during a concert;
- Impulsive self-gratification, for example, theft, vandalism, molestation; and
- Destructive social explosions, for example, group violence, rioting and torturing.

4. Defusing

The tedium created by waiting and/or the perception that other gates are being opened first or later arrivals are being admitted first can create problems. Such things as appropriate music, use of humor, food and beverage services moving through the group, cheerful security staff moving through the group, and good communication including a public address system, can help defuse the situation.

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TAB 04: CROWD TYPES

CROWD TYPE	COMMENT
AMBULATORY	Walking, usually calm
DISABILITY/LIMITED MOVEMENT	Crowd has limited or restricted movement; requires additional planning
COHESIVE/SPECTATOR	Watching specific activity
EXPRESSIVE/REVELOUS	Emotional release, for example, cheering movement in unison
PARTICIPATORY	Involved in actual event, for example, community fun runs
AGGRESSIVE/HOSTILE	Initially verbal, open to lawlessness
DEMONSTRATOR	Organized to some degree, for example, pickets, marches
ESCAPE/TRAMPLING	Danger may be real or imaginary
DENSE/SUFFOCATING	Reduction of individual physical movement
RUSHING/LOOTING	Attempt to acquire/obtain/steal something, for example, tickets
VIOLENT	Attacking/terrorizing

Table modified from Berlogngi, Alexander E. "Understanding and Planning for Different Spectator Crowds." Engineering for Crowd Safety. Ed. R.A. Smith and J.F. Dickie. Elsevier Science Publications B.V., 1993.

One crowd may exhibit all or part of the above types; therefore, you must consider each category, or at the least the most likely categories, in your plan.

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TAB 05: CROWD COMPOSITION

ASSESSMENT	COMMENT
HOW ORGANIZED	For example, walking to venue versus demonstrators
LEADERSHIP	Normal crowd has no leadership; they are spontaneous.
COHESIVENESS	Degree of bonding
UNITY OF PURPOSE	Some may be focused; others have own agenda, for example, moshing or slam dancing.
COMMON MOTIVE FOR ACTION	Note distinction between performing same action (for example, cheering) versus motive for same action (for example, leaving the venue).
PSYCHOLOGICAL UNITY	Crowds at benefits are psychologically united for good; however, demonstrators could pose problems if antagonized.
EMOTIONAL INTENSITY	Much of this depends on the event and or special effects taking place.
VOLATILITY	To what degree has crowd reached an explosive point?
INDIVIDUAL BEHAVIOR	How much individual control and responsibility is being exercised? The more this is evident, the more restrained the crowd.
GROUP BEHAVIOR	To what degree are individuals dominated by the group? The more this is evident the closer to “mob mentality.”
DEGREE OF LAWLESSNESS	How much criminal behavior is taking place?
LEVEL OF VIOLENCE	Can be assessed historically and/or by current observations
LEVEL OF PROPERTY DAMAGE	How much is likely to occur and where, for example, parking area, toilets, walkways, etc.? Assessment is historical for venue, event, and crowd, plus current assessment.
LIKELIHOOD OF INJURY OR DEATH	Certain places at certain times, for example, major sporting event and certain events, for example, motor races
NEED FOR CROWD CONTROL	How important is a detailed plan? Must be discussed with experts and experienced persons because the more detailed and complex the plan, the more expensive and resource-intensive the commitment.

Table modified from Berlognghi, Alexander E. “Understanding and Planning for Different Spectator Crowds.” Engineering for Crowd Safety. Ed. R.A. Smith and J.F. Dickie. Elsevier Science Publications B.V., 1993.

When you understand what you are dealing with, then brief ALL personnel on what to look for and how they should respond while they are performing their duties.

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TAB 06: CROWD CATALYSTS

CATALYST	EXAMPLE
OPERATIONAL	Parking, no show performers, cancellations
EVENT ACTIVITIES	Smoke, fire, lasers, noise
PERFORMER(S) ACTIONS	Sexual/violent gestures, challenges/song lyrics
SPECTATOR FACTORS	Drugs, alcohol, rush for seats
SECURITY FACTORS	Excessive or unreasonable force, abuse of authority
SOCIAL FACTORS	Racial tensions, team rivalries
WEATHER	Heat, humidity, rain, lack of ventilation
NATURAL DISASTER	Earthquake, deluge of rain, flash flood
MAN MADE DISASTER	Structural failure, toxic substance

Table modified form Berlognghi, Alexander E. "Understanding and Planning for Different Spectator Crowds." Engineering for Crowd Safety. Ed. R.A. Smith and J.F. Dickie. Elsevier Science Publications B.V., 1993.

TAB 07: CRITICAL CROWD DENSITIES

The objective should be to prevent the build-up of large accumulations of patrons, particularly within short time periods, in confined spaces especially if they are frustrated by the inability to see what is happening.

A study by Fruin (1981) identifies critical crowd densities as a common characteristic of crowd disasters. Critical crowd densities are approached when the floor space per standing person is reduced to about 5.38 sq. ft.

Considering the various movements or positions spectators will occupy, approximate minimal mobility requirements have been empirically identified by Fruin (1981) as follows:

- Pedestrians moving in a stream require average areas of 24.73 sq. feet per person to attain normal walking speed, and to pass and avoid others.
- At 10 sq. feet per person, walking becomes significantly restricted, and speeds noticeably reduced.
- At 4.95 sq. feet per person, the maximum capacity of a corridor or walkway is attained with movement at a shuffling gait and movement possible only as a group. This would be characteristic of a group exiting a stadium or theater.
- At less than 4.95 sq. feet per person average, individual pedestrian mobility becomes increasingly restricted.
- At approximately 3 sq. feet per person, involuntary contact and brushing against others occurs. This is a behavioral threshold generally avoided by the public, except in crowded elevators and buses.
- Below 2 sq. feet per person, potentially dangerous crowd forces and psychological pressures begin to develop.

Fruin (1981) contended that "the combined pressure of massed pedestrians and shock-wave effects that run through crowds at critical density levels produce forces which are impossible for individuals, even small groups of individuals, to resist."

The above information shows that you may need to provide a monitoring system, such as closed circuit television monitoring of crowd movements, that will provide warning to the services that they must take necessary action to prevent a major incident.

TAB 08: CROWD THROUGHPUT CAPACITIES

In his writings on crowd disasters, Fruin (1981) identifies several areas regarding spectator throughput in entry to a performance. For planning purposes, he suggests:

1. Ticket Collectors

Ticket collectors must be in a staff uniform or otherwise identifiable. Ticket collectors faced with a constant line can throughput a maximum of:

- One patron per second per portal in a simple pass-through situation.
- Two seconds per patron if the ticket must be torn and stub handed to patron; and
- More complicated ticketing procedures (and/or answering the occasional question) will protract time per patron.

2. Doorways

Free-swinging door, open portal, or gate can accommodate up to one person per second with a constant queue.

Revolving doors and turnstiles would be half this rate of throughput, or less.

3. Corridors, Walkways, Ramps

Have a maximum pedestrian traffic capacity of approximately 25 persons per minute per 1 foot of clear width, in dense crowds.

4. Stairs

Have a maximum practical traffic capacity of approximately 16 persons per minute in the upward direction. Narrow stairs (less than 5 feet) will lower the maximum flow.

5. Escalators and Moving Walkways

A standard 3.94-ft. wide escalator or moving walkway, operating at 118 feet per minute can carry 100 persons per minute under a constant queue.

TAB 09: THE PLANNING PROCESS

Team Approach

Special Event Contingency Planning development should be the joint effort of a planning team – a group of people who represent a cross-section of the organizations that are involved in the emergency response effort. Although each jurisdiction's team will vary somewhat, the Emergency Manager usually serves as the team's planning coordinator. Team members may include representatives of the groups listed below:

- Office of the Chief Executive.
- Promoter/Sponsor.
- Emergency services agencies (law enforcement, fire/rescue, emergency medical services, and public health and safety, and others).
- Public works/Utilities.
- Planning agencies and individuals (for example, community development, city planning commissions, and hazard mitigation planner).
- Local Emergency Planning Committees, for hazardous materials information.
- Public works agencies and utility companies.
- Social service agencies and volunteer organizations (including the American Red Cross and Salvation Army).
- Medical community representatives (for example, area hospitals, EMS agencies, medical examiner, coroner, mortician).
- Key education personnel (including administrators).
- Communications representatives (Public Information Officer, local media, radio/CB groups, and others).
- Aviation and coastal authorities (including State aviation authority, other air support representatives, port authorities, U.S. Coast Guard station).
- Chief Financial Officer, auditor, and heads of any centralized procurement and resource support agencies.
- The jurisdiction's legal counsel.
- Industrial and military installations in the area.
- Labor and professional organizations.
- Animal care and control organizations.
- Emergency Managers and agency representatives from neighboring jurisdictions, to coordinate mutual aid needs.
- State and/or Federal representatives, as appropriate.
- Private sector.

A team approach to planning offers many advantages, including:

A Sense of Ownership – The plan is more likely to be used and followed if the tasked organizations have a sense that the plan is “theirs.”

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Greater Resources – More knowledge and expertise are brought to bear on the planning effort when more people are involved.

Cooperative Relationships – Closer professional relationships that are developed during the planning process should translate into better cooperation and coordination in emergencies.

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TAB 10: SPECIAL EVENT PLANNING CHECKLIST

Name of Event: _____

Name of Applicant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

☐ For Profit Organization

☐ Not for Profit Organization ID Number: _____

☐ Insurance for event (attach a copy to this document)

☐ Bond for event (attach a copy of conditions)

Date(s) of Event: _____

Type of Event

☐ Arena sporting event

☐ Competitive road-race

☐ Foot

☐ Bicycle

☐ Motor vehicle

☐ Convention

☐ Festival

☐ Live performance

☐ Music

☐ Non-competitive on public way

☐ Political rally

☐ Sales

☐ Speaker

☐ Other: _____

Expected attendance _____

Number of similar events previously sponsored _____ (attach summary documents)

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Marketing

- ☐ Local
- ☐ Regional
- ☐ Multiple states
- ☐ National

Public Access

- ☐ Open event
- ☐ Spectators limited to first _____ arrivals
- ☐ Tickets will be required for all events
- ☐ Tickets will be required for certain venues

Name of Location Venue: _____

- ☐ Indoor
- ☐ Outdoor
- ☐ Considered an alcohol-free event
- ☐ Advertised an alcohol-free event
- ☐ Alcoholic beverages will be sold or served at venue
- ☐ Alcoholic beverages will be sold outside of venue

Location venue capacity: _____

Seasonal weather concerns: _____

Food Service

- ☐ None
- ☐ Multiple vendors
- ☐ Single concessionaire
- ☐ Water provided

Health and Safety Inspection

- ☐ Issued permit(s)
- ☐ Fire inspection
- ☐ Waste disposal plan

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Health and Sanitation Plan

- ☐ Number of toilet facilities _____
- ☐ Number of trash facilities _____
- ☐ Disposal plan (attach a copy to this document)

Medical Plan (Complete and attach ICS Form 206)

- ☐ Sponsor responsibility
- ☐ Public provided
- ☐ Medical services and facilities notified
- ☐ First Aid or rehab stations on site

Transportation Plan

- ☐ None
- ☐ Public Transportation
 - ☐ Special routes
 - ☐ Extra capacity
 - ☐ Contract transportation
 - ☐ Emergency routing
 - ☐ Peak period capacity time frame
- ☐ Private Transportation

Street or highway access: _____

Vehicle capacity factor: _____

Peak traffic period factor: _____

Parking Plan

Number of lots: _____

Total available spaces _____

- ☐ Public parking spaces _____
- ☐
- ☐ Private parking spaces _____ (attach private parking agreements)
- ☐
- ☐ Parking attendants _____

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Traffic Patterns

- ☐ Public Works signing
- ☐ Event will require traffic flow or street closures (if checked, attach complete list)
- ☐ Temporary traffic code or parking restrictions (if checked, attach list)
- ☐ Traffic direction and control restrictions (if checked, attach list)
- ☐ Tow truck service (if checked, attach agreements)
- ☐ Abandoned and/or illegally parked vehicle recovery (if checked, attach agreements)

Public Safety Plan

Attach ICS Forms 201, 202, 203 and 205

Risk / hazard analysis

- ☐ Criminal response
- ☐ Fire response
 - ☐ Structure
 - ☐ At site
 - ☐ Vehicle
- ☐ Hazardous materials
- ☐ Electrical hazards
- ☐ Medical emergencies
 - ☐ Food-related illnesses
 - ☐ First Aid
 - ☐ Heat / cold exposures
 - ☐ Trauma
 - ☐ Overdoses
- ☐ Structure collapse
- ☐ Crowd rush
- ☐ Mass casualty
- ☐ Mass fatality
- ☐ Lost or missing persons / children
- ☐ Unattended packages
- ☐ Crowd disbursement
- ☐ Offender identification
- ☐ Public notification process (ICS Form 205 required)
- ☐ Access control
- ☐ Evacuation routes
- ☐ Evacuee assembly areas
- ☐ Shelters

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Event Logistics

- ☐ Support
- ☐ Facilities
- ☐ Food Unit
- ☐ Communications
- ☐ Ground Support
- ☐ Air Support
- ☐ Medical Unit

Demobilization Plan

- ☐ Traffic or pedestrian egress from site
- ☐ Secondary transportation plan
- ☐ Sanitation removal
- ☐ Venue clean-up
- ☐ Traffic pattern normalization
- ☐ Contractual evaluation
 - ☐ Organizer commitments
 - ☐ Other public or private contracts
- ☐ Debriefing

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TAB 11: PROMOTER'S CHECKLIST

Event Details

Name of event: _____

Day(s) of event: From: ____/____/____ To: ____/____/____

Event time: Start: _____ Finish: _____

Site: _____

Site address: _____

Promoter: _____

Event manager: _____

Address: _____

Contact: Phone: _____ Fax: _____

A/Hours: _____ Cell: _____

E-mail: _____ Pager: _____

Site preparation start date: ____/____/____ Site vacated date: ____/____/____

Brief details of function (including entertainment and main attractions):

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PROMOTER'S CHECKLIST

Sponsorship details (including any restrictions) _____

What Legislative, Regulatory, and Legal Issues Need to be Addressed?

State legislative/regulative requirements: _____

Local legislative/regulative requirements:

Permits required: (for example, liquor, pyrotechnics, fire, laser, food): _____

Engineering approvals: _____

Insurance required: _____

Site Details

NOTE: Include detail such as - indoor/outdoor, normal use, permanent structure, temporary site, multiple sites, site boundaries, temporary structures, natural features, likely hazards [including weather], historic sites, environmental issues, parking arrangements, access and egress, and facilities, for example, water, toilets, food preparation, waste removal (attach diagram or site map).

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PROMOTER'S CHECKLIST

Estimated total attendance: _____

Estimated age composition of audience:

0 - 12 years: _____ % of total audience
12 - 18 years: _____ % of total audience
18 - 25 years: _____ % of total audience
25 - 40 years: _____ % of total audience
40 - 55 years: _____ % of total audience
55 years and above: _____ % of total audience

Admission will be by: _____ pre-sold ticket _____ free _____ other: (Please specify)

Has this event been conducted previously? YES / NO

If yes, when ? _____

Where ? _____

Event Manager: _____

Contact phone: _____ Fax: _____

Is the proposed event to be the same? YES / NO

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PROMOTER'S CHECKLIST

If no, please detail the changes: _____

What effects will the changes have? _____

Will alcohol be served/consumed?

YES / NO

Key Stakeholders

	NAME	PHONE
State Government Dept(s):	_____	_____
Local Council(s):	_____	_____
	_____	_____
	_____	_____
Neighboring Councils:	_____	_____
	_____	_____
Police:	_____	_____
Ambulance Service:	_____	_____
First Aid Service:	_____	_____
Fire Service:	_____	_____
Hospital/Medical Services:	_____	_____
State Emergency Service:	_____	_____
Security Personnel:	_____	_____
Liquor Licensing:	_____	_____
Local Hotel and Businesses:	_____	_____
	_____	_____
Transport Authority:	_____	_____

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PROMOTER'S CHECKLIST

Neighbors: _____

Other: _____

Other: _____

Time frame necessary for contact with stakeholders:

A full briefing of all the above stakeholders is planned for _____(date)
at _____ (venue).

Event Communications

During the event what form of communication systems will be available/provided/ required for:

Event management: _____

Public address (internal): _____

Public address (external): _____

Emergency services: _____

Coordination requirements:

Event Promotion and Media Management

Can the promotion ticketing and publicity for the event include messages that clarify the focus of the event (for example, family fun, sporting contest, musical entertainment)?

The focus of the event is _____

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PROMOTER'S CHECKLIST

The event promotion and publicity will promote:

Safe drinking practices	YES / NO
Don't drink and drive	YES / NO
Intoxicated and underage persons will not be served alcohol	YES / NO
Bags may be searched or restricted	YES / NO
Glass containers are not permitted	YES / NO
Water will be freely available	YES / NO
Availability of "wet" and "dry" areas	YES / NO
Location of facilities included on ticketing	YES / NO
Health care advice included on ticketing	YES / NO
Smoke free environment	YES / NO

Security

Which type of security will be appropriate for the event? _____

Who will be the appropriate security firm to be contracted? _____

Event security would commence on ____/____/____ and conclude on ____/____/____

What will be the role of security? _____

Have Police been contacted in relation to security? YES / NO

If yes, what will be required of the police? _____

When would a briefing/debriefing be held involving police, security, bar staff and licensing personnel?

_____(Date before Event) _____(Date after Event)

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PROMOTER'S CHECKLIST

Will a briefing of all personnel and officials be provided regarding helping patrons with amenities and services? YES / NO

Signage

What signage, including those required under the local liquor laws, will need to be developed and obtained?

Will there be signage in languages other than English? YES / NO

Transport

Does a transport strategy need to be developed? YES / NO

List the departments, councils and/or agencies that are likely to be involved in developing this strategy.

Name: _____ Organization: _____

Name: _____ Organization: _____

Name: _____ Organization: _____

Name: _____ Organization: _____

Access and Egress for Patrons

What provisions can be made for patrons to access, move around and leave the event venue without excessive queuing, or crushes (for example, gate control, pathways, free space)?

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PROMOTER'S CHECKLIST

Will patrons be able to access toilets, food and bar areas, and entertainment sites without difficulty? YES / NO

In an emergency, will patrons be able to leave the venue or move to other areas within the venue in reasonable safety? YES / NO

Comment:

Access for Persons with Disability

What provisions need to be made for persons with a disability to access and move around the event venue?

Will persons with a disability be able to access toilets, food and bar areas, and entertainment sites without difficulty? YES / NO

In an emergency, will persons with a disability be able to leave the venue without significantly impeding the movement of other patrons? YES / NO

Comment:

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PROMOTER'S CHECKLIST

Noise

What provisions can be made to minimise the level of noise at and around the event?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Management of Alcohol

Are there any standard conditions of the Licensing permit?

YES / NO

If YES, what are they?

How will event personnel, specifically bar and security personnel, be trained and informed of the state and local statutes/ordinances and made aware of the responsibilities and penalties?

What types of alcohol (for example beer, wine, and liquor) and other drinks will be available at the event?

In what type of containers will alcohol and other drinks be available (for example, glass, can or plastic containers)?

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PROMOTER'S CHECKLIST

What provisions will be made for the collection of drink containers during and after the event?

What will be the pricing structure for alcoholic and non-alcoholic drinks?

Is it anticipated that the pricing structure will discourage patrons from becoming unduly intoxicated? YES / NO

Can the event publicity, ticketing, and signage inform patrons of the restrictions on alcohol including that alcohol will not be served to minors and intoxicated people? YES / NO

Can some, if not all, bars be shut prior to the end of the entertainment? YES / NO

If the event is **“Bring Your Own Bottle” BYO**, what provisions can be made to prevent glass related injuries, underage drinking and excessive intoxication?

If the event is **not BYO**, what provisions can be made to prevent alcohol from being brought into the venue?

If there are to be designated drinking areas, will they be adequate in size and number and supported by toilet facilities to cope with the expected size of the crowd? YES / NO

Will there be dry areas for families, entertainment, and food? YES / NO

Will the event provide the following facilities to encourage responsible drinking by patrons?

Free drinking water YES / NO

Cheap non-alcoholic drinks YES / NO

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PROMOTER'S CHECKLIST

Range of quality food	YES / NO
Shade or cover	YES / NO
Safe drinking information	YES / NO
Quality entertainment	YES / NO
“Wet” and “Dry” areas	YES / NO

Other Drug Use

Is it possible that drugs, including marijuana and amphetamines, may be available and used at this event?	YES / NO
---	----------

List any drugs and related information known from previous experience:

What provisions can be made to address this drug use?

Medical

What level of medical service is considered necessary and for what duration?

Who can provide this service? _____

What will be the cost of the service? _____

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PROMOTER'S CHECKLIST

If it is not a local provider, what arrangements have been made to coordinate with the local ambulance service?

What facilities will the medical service require (including helipad)?

How can these be provided? _____

Animals

If the event involves animals, what arrangements will be necessary for their management, care and well being?

If the event may affect animals, what arrangements will be necessary for their management, care and well being?

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PROMOTER'S CHECKLIST

Briefing/Debriefing

A final briefing of stakeholders is planned for _____ weeks prior to the event.

A debriefing will be conducted with all stakeholders within _____ days of the event.

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TAB 12: APPROVING AUTHORITY CHECKLIST

Event Details

Name of event: _____

Requested date(s) of event: From: ____/____/____ To: ____/____/____

Requested event time: Start: _____ Finish: _____

Requested site: _____

Site address: _____

Promoter: _____

Event manager: _____

Address: _____

Contact: Phone: _____ Fax: _____

After Hours: _____

Requested site preparation start date: ____/____/____

Suggested site vacated date: ____/____/____

Brief details of function (including entertainment and main attractions):

Legal Requirements

Does the application:

Comply with State and Local legislation/regulations?

YES / NO

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APPROVING AUTHORITY CHECKLIST

Provide for adequate general public liability insurance? YES / NO

Provide for adequate liability insurance for a major incident? YES / NO

Need to post a bond to cover contingencies? YES / NO

Licenses/Permits

Does the application require:

Liquor licensing? YES / NO

Road closures/restrictions? YES / NO

Food outlet licenses? YES / NO

Fire Inspection permits? YES / NO

Any other: _____

Site

Is it appropriate for the type of event? YES / NO

Are there multiple sites involved in the event? YES / NO

Comment: _____

Indoor/outdoor: _____

Permanent structure or temporary site: _____

Normally used for this type of event? YES / NO

Normally used for large crowds? YES / NO

Topography: _____

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APPROVING AUTHORITY CHECKLIST

Any effect on neighboring councils? YES / NO

Suitability for camping facilities? YES / NO

List any environmental issues (green, flora, fauna, historic site): _____

List any natural features likely to be hazardous (river, dam, long grass, forest):

Anticipated crowd number: _____

Is site large enough for expected crowd? YES / NO

Tickets being pre-sold? YES / NO _____% Of Attendance

Tickets sold at the gate? YES / NO _____% Of Attendance

Other means of limiting crowd: _____

Type of crowd expected (young, old, family, unruly): _____

Is water available at site? YES / NO

Quality of water: _____

Quantity of potable water: _____

Probability of sabotage of water? YES / NO

Job Aids

APPROVING AUTHORITY CHECKLIST

Comment: _____

Fixed sewerage? YES / NO

Adequate sewerage capacity? YES / NO

Comment: _____

Other utility supplies (power, gas): _____

Will they be adequate? _____

Will emergency water supplies be required? YES / NO

Will emergency water supplies be supplied? YES / NO

Will emergency water supplies be available? YES / NO

Comment: _____

Will emergency electricity supplies be required? YES / NO

Will emergency electricity supplies be supplied? YES / NO

Will emergency electricity supplies be available? YES / NO

Comment: _____

Will emergency gas supplies be required? YES / NO

Will emergency gas supplies be supplied? YES / NO

Job Aids

APPROVING AUTHORITY CHECKLIST

Will emergency gas supplies be available? YES / NO

Comment: _____

Emergency Services/Key Stakeholders

Has applicant consulted and gained support/approval from:

State/Local Government Departments YES / NO

If yes, list by abbreviation: _____

Police YES / NO

Ambulance YES / NO

First Aid Service YES / NO

Fire YES / NO

Medical/Hospital YES / NO

State Emergency Service YES / NO

Transport Authorities YES / NO

Liquor Licensing Court YES / NO

Neighboring Councils YES / NO

Neighbors/Community Association YES / NO

Other: _____

Have emergency management plans been prepared? YES / NO

Have contingency plans been prepared? YES / NO

If no, are they necessary? YES / NO

Job Aids

APPROVING AUTHORITY CHECKLIST

If they are necessary, who will coordinate the preparation? _____

Security

Is special security being provided? YES / NO

If YES who is providing it? _____

If NO is it considered necessary? YES / NO

Is the provider licensed to provide the service? YES / NO

Event Safety Issues

Natural

Weather (rain, wind, heat, and cold): _____

Terrain (cliffs, creeks, reclaimed land): _____

Environmental

Animals, forests, pollens, pests, flora, fauna, historical: _____

Technological

Utility lines, noise, lighting, access and egress: _____

Human

Alcohol, hysteria, nuisance, neighbors, fire: _____

Event

Pyrotechnics, lasers: _____

Job Aids

APPROVING AUTHORITY CHECKLIST**Access/Egress—Parking**

Is road access and egress suitable?	YES / NO
Is road access and egress suitable in all weather?	YES / NO
Is road access and egress adequate?	YES / NO
Will special traffic control be required?	YES / NO
Is sufficient suitable off road parking available?	YES / NO
Will emergency services have continual access and egress?	YES / NO
In the event of a major emergency, does access and egress allow for emergency services?	YES / NO

Food

See Tabs 14 and 15.

Toilets

What is the anticipated crowd mix of male and female attendees?

_____ MALE _____ FEMALE

What is the fixed toilet facility numbers?

_____ MALE TOILETS

_____ URINALS

_____ MALE SHOWERS

_____ FEMALE TOILETS

_____ FEMALE SHOWERS

_____ DISABLED

Will separate toilet facilities be available for food vendors?	YES / NO
Will separate toilet facilities be available for medical attendants?	YES / NO

Job Aids

APPROVING AUTHORITY CHECKLIST

Are there sufficient toilet facilities? YES / NO

If no, what additional requirements? _____ MALE TOILETS
 _____ URINALS
 _____ MALE SHOWERS
 _____ FEMALE TOILETS
 _____ FEMALE SHOWERS
 _____ DISABLED

Will current sewerage system cope with the extra demand? YES / NO

If no, what additional requirements will there be?

Where additional requirements are unserviced, can service trucks gain easy access? YES / NO

What servicing of toilets will be provided during the event? _____

What, if any, plumbing maintenance will be available onsite? _____

Garbage and Waste Removal

Number of garbage bins available _____ Public Use
 _____ Food Outlet Use
 _____ Medical Facility Use

Job Aids

APPROVING AUTHORITY CHECKLIST

Type of garbage bins (including for sharps, wet, dry, hazardous): _____

Program for emptying garbage bins: _____

Program for removal of site garbage: _____

Restoration After Event

Arrangements for site clean up: _____

Arrangements for clean up of surroundings (including access and egress roads):

Arrangements for refund of bond money if applicable: _____

Camping Areas (where applicable)

What is the proximity to property boundaries?

NORTH yards SOUTH yards

EAST yards WEST yards

What is the requested population density of the camp? _____ Persons per acre

What is the requested maximum Site population for each site? maximum _____ persons per site

Job Aids

APPROVING AUTHORITY CHECKLIST

What separation is planned between sites?
minimum_____ yards between rows

What emergency access and egress will be available? _____

What toilet and personal hygiene facilities will be available within campsite?

_____ MALE TOILETS _____ FEMALE TOILETS

_____ MALE SHOWERS _____ FEMALE SHOWERS

_____ DISABLED TOILETS _____ DISABLED SHOWERS

_____ URINALS

What water supply is available? _____

Is it potable? _____

Can you estimate whether this is sufficient? YES / NO

Comments: _____

What garbage bins are available? _____

Can you estimate whether this is sufficient? YES / NO

What waste disposal arrangements are being made (including wet, dry, sharps, sewage)?

Site Plan

Camp site plan available (including access and egress for emergency vehicles, access and egress for service vehicles, parking areas camping areas, numbered camp sites, toilet and personal hygiene facilities, water points, trash bins, food venues, First Aid/Medical facilities, any other related facilities). YES/NO

Job Aids

TAB 13: FOOD VENDOR INFORMATION SHEET

(To be provided to the local health authority)

Name of Operator: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

Trading as: _____

Business address: _____

Main purpose of business: _____

Is a menu attached, indicating the full range of food to be provided? YES / NO

Indicate which of the following foods you sell directly or will be using as ingredients:

Milk/milk products YES / NO

Poultry YES / NO

Salads/rice dishes YES / NO

Egg products YES / NO

Fish/fish products YES / NO

Raw meat YES / NO

Ice cream YES / NO

Shellfish YES / NO

Cooked meat YES / NO

Other(specify)

Type of operation:

Stall YES / NO

Mobile unit YES / NO

Job Aids

Stand	YES / NO
-------	----------

Tent	YES / NO
------	----------

Other (specify): _____

Indicate the type of facilities to be provided on site:

Refrigeration	YES / NO
---------------	----------

Freezer	YES / NO
---------	----------

Oven	YES / NO
------	----------

Deep fryer	YES / NO
------------	----------

Microwave oven	YES / NO
----------------	----------

Sink	YES / NO
------	----------

Wash hand basin	YES / NO
-----------------	----------

Other (specify): _____

Indicate power sources:

LPG	YES / NO
-----	----------

Electrical generator	YES / NO
----------------------	----------

Other (specify): _____

Is the food to be prepared or stored in premises other than the temporary food premises or vehicle?	YES / NO
---	----------

If yes, please state the address: _____

Will food be delivered to the site by a separate supplier?	YES / NO
--	----------

If yes, what arrangements will be made for receipt of those goods? _____

Job Aids

Have you or any of your staff completed a food handler hygiene course?

YES / NO

If yes, when and where: _____

Vendor's Name: _____

Date: _____

Venue: _____

TAB 14: CATERING CHECKLIST FOR FOOD VENDORS

The establishment of a temporary catering facility can mean working in less than ideal conditions. The following checklist will provide guidance on minimum requirements for this type of event catering.

Setting Up

Food service operation is licensed or registered in accordance with state requirements. YES / NO

The appropriate permit has been obtained from the local authority where the event is to be held. YES / NO

The area for which the permit is valid is clear, that is, where can I set up? YES / NO

Staff Training

Staff are trained in food handling and food safety. YES / NO

Staff has been instructed on machinery operation, food preparation routines and occupational health and safety matters. YES / NO

There are clear guidelines for staff about what to do if problems occur (who to contact and appropriate contact numbers). YES / NO

Food Handling

All food handlers carry out hand washing thoroughly and regularly, particularly:

Before commencing work and after every break YES / NO

After visiting the toilet YES / NO

After handling raw food YES / NO

After using a handkerchief or tissue or touching nose, hair or mouth YES / NO

After handling trash YES / NO

After smoking YES / NO

Correct food temperatures can be, and are, maintained. YES / NO

Food is cooled rapidly under refrigeration in trays not more than 4 inches deep. YES / NO

Job Aids

CATERING CHECKLIST FOR FOOD VENDORS

Tongs are provided and used where possible for food handling.	YES / NO
Gloves, if used, are changed regularly.	YES / NO
Food is thoroughly cooked.	YES / NO
Food is protected from dust, insect pests, and other contaminating matter.	YES / NO
Staff wear suitable, clean clothing and have long hair tied back.	YES / NO
Food on display on counters is protected from contamination from the public by use of covers or guards.	YES / NO
Condiment area is checked and cleaned regularly.	YES / NO

Food Storage

Sufficient refrigeration space is provided to cope with peak demand.	YES / NO
Refrigerated storage temperatures can be maintained during peak loads.	YES / NO
Raw foods are stored below cooked or ready to eat foods.	YES / NO
Food containers are covered.	YES / NO
Frozen food is thawed on the bottom shelf in the refrigerator or under cold running water.	YES / NO
Dry food storage space is adequate for peak loads.	YES / NO
Dry foods are protected from dust and insect pests and rodents at all times.	YES / NO
Hot food storage is above 127° F.	YES / NO
Cold food storage is below 10° F.	YES / NO

Food Transport

Transport times are kept to a minimum.	YES / NO
Food temperatures are met at all times during transport.	YES / NO
All foods are protected from dust, pests, chemicals, and other contaminating matter.	YES / NO

Job Aids

CATERING CHECKLIST FOR FOOD VENDORS

Cleaning and Sanitizing

Cleaning cloths are replaced frequently. YES / NO

Equipment and surfaces used for the preparation of raw foods are cleaned and sanitized before further use. YES / NO

Sanitizers are appropriate for use in the food industry and are used in accordance with the manufacturers' directions. YES / NO

Packaging and Labeling

All prepackaged foods are labeled in accordance with United States Standards Code. YES / NO

Waste Management

Waste is removed regularly from food preparation areas. YES / NO

Putrescible waste removed from food preparation areas is placed in bins with tight fitting lids. YES / NO

Capacity to store sullage waste is adequate or connection to the sewer is maintained without leakage. YES / NO

Infectious Diseases

All staff are required to report any gastrointestinal type illness to the supervisor. YES / NO

A register of staff illness is kept by the supervisor. YES / NO

Staff are not permitted to work while they have symptoms of gastrointestinal illness or in the acute stage of a cold or flu-like illness. YES / NO

Safety

The workplace is safe, that is, there are no trip hazards, no unprotected hot zones, and no unguarded equipment. YES / NO

Fire precautions are followed and fire safety devices are to the satisfaction of the fire authority. YES / NO

Food handlers have contact details for all necessary personnel in case of problems occurring. YES / NO

Job Aids

CATERING CHECKLIST FOR FOOD VENDORS

A list of appropriate contact details is maintained and accessible. YES / NO

For example,

Event organizer YES / NO

Environmental health officer YES / NO

Plumber YES / NO

Electrician YES / NO

Refrigeration mechanic YES / NO

Alternative refrigeration suppliers YES / NO

TAB 15: UTILITIES DEPARTMENT VENUE ASSESSMENT CHECKLIST

Electrical—Ground Fault Interrupter and National Electrical Code (NEC) Standards

- ☐ Back-up generator with fuel supply
- ☐ Emergency lighting and exit signs
- ☐ Clearly marked distribution and disconnect
- ☐ Key personnel ID (photo and briefing)
- ☐ System security
- ☐ Alternate electrical sources

Alternative Fuels

- ☐ Valves and emergency shutoff
- ☐ Pilotless ignition

Isolation of Subsections of System

- ☐ Hood
- ☐ Carbon monoxide (CO) monitors
- ☐ Waste oil storage
- ☐ No interior storage of, or use of, unapproved systems

HVAC

- ☐ HVAC engineer on duty
- ☐ Reversible system?
- ☐ Back-up power for system

Telecommunications—E-911

- ☐ Emergency system access (coded)

UPS

- ☐ Adequate number of lines, with locations clearly marked
- ☐ Amplified receivers (ADA)
- ☐ System priority lines

Job Aids

Water

- ☐ Fire water system – Fire Department Connection (FDC)
- ☐ System grid established
- ☐ Potable water – locations, security, markings identified

Sanitary Sewer

- ☐ Adequacy
- ☐ Pre-event inspection
- ☐ Potty parity (see Job aid manual)
- ☐ Portable units, as needed, with servicing established

Job Aids

TAB 16: PUBLIC WORKS DEPARTMENT CHECKLIST

Street / Drainage Division

- ☐ Barricades, traffic cones and jersey barriers.
- ☐ Transport water tankers as necessary.
- ☐ Assure sidewalks are clean and in safe condition.

Traffic Engineering Operations Division

- ☐ Review the traffic event management plan submitted by the event manager.
- ☐ Coordinate with the Police Department the traffic flow patterns.
- ☐ Timing of signals changes to maximize traffic flow.
- ☐ Regional traffic management plan.

Animal Control Division

- ☐ Back up program to respond to the event as necessary.

Solid Waste Management Division

- ☐ Collection of site debris.
- ☐ Sweeping of site and adjacent roadways.
- ☐ Litter control and disposal.
- ☐ Coordination with the Health Department concerning debris removal and food serving areas.

Parking Operations / Enforcement Division

- ☐ Review parking program and offer assistance.
- ☐ Coordinate with mass transportation organization of pick up point parking.

Engineering Division

- ☐ Coordinate with organizations involved in the event to review the site and the lay out of the various program.
- ☐ Work with the Building Inspections Division to coordinate the planning for the event.

Regional Mass Transportation Division

- ☐ Establish timely schedules for shuttles.
- ☐ Review the fees and charges for providing services.

Job Aids

Forestry / Horticulture Division

- ☐ Protect the landscaping in year round planter areas for public damage.
- ☐ Inspect trees and large shrubbery for trimming to respond to event security and the public welfare of the guest at the event.

Parks and Recreation Division

- ☐ Schedule personnel to support activities in the event area.
- ☐ Work with vendors in supplying the needed support for the event.
- ☐ Arrange for special events coordination with the children's area.

Job Aids

TAB 17: BUILDING DEPARTMENT VENUE ASSESSMENT CHECKLIST

Occupancy

Type: _____

Overload: _____

Seating: _____

Adequate Exits

Number: _____

Capacity: _____

Parking

Spaces: _____

Location: _____

Storage

Square feet: _____

Location: _____

Hazardous Materials

Use: _____

Storage: _____

Auxiliary Power

Type: _____

Capacity: _____

Job Aids

FACILITY USE

Type: _____

History: _____

Building Inspection History

Date of last building inspection: _____

Date of last fire inspection: _____

Correction of Violations: _____

Documentation/Monitoring

HVAC Adequacy

Tons per square feet: _____

Plan Review and Walk-Through Inspection with Fire Department Code Enforcement Officer

Building Suppression Systems: _____

ADA Compliance: _____

Coordinate Security of Structurally Vulnerable Areas with Law EnforcementCatwalks, balconies, and stages: _____
Building Owner Concerns

Name: _____ Phone: _____

Address: _____

Billing address: _____

Liability insurance: _____

Concerns: _____

Job Aids

TAB 18: PUBLIC HEALTH DEPARTMENT VENUE ASSESSMENT CHECKLIST

Buildings and Facilities

- ☐ Seating – quality, quantity, state of repair, fixed, and portable
- ☐ Stairs / Ramps
- ☐ Handrails – size and capacity
- ☐ EMS stretchers, wheelchairs, and carts
- ☐ HVAC
- ☐ Inspections – security, filters, water
- ☐ ADA Compliance

Sanitation _____

Waste Disposal

Type: _____

When: _____

Water

Quality: _____

Quantity: _____

Hot Water

Quality: _____

Quantity: _____

Cleaning Agents

- ☐ Types, use, quantity
- ☐ Toilets – fixed, portable, quantity, cleaning, inspection, and servicing
- ☐ Floors – nonslip, drains, and clean-up
- ☐ Clean-up – trash, sweeping, mopping, grass, and dust control

Food—General

- ☐ Licenses – fixed and temporary
- ☐ Fire extinguishers

Job Aids

Food—Ice and Water

- ☐ Vector control

Food—Refrigeration

- ☐ Inspection – cleanliness and temperature

Food—Cooking

- ☐ Devices – fuel, temperature, hot/cold, thermal, exhaust

Food—Power Supplies

- ☐ Power Cord – ground fault interrupter

Food—Generators

- ☐ Fuel
- ☐ Refueling
- ☐ Exhaust
- ☐ Operators

Sneeze Shields/Covers

First Aid Kits

TAB 19: FIRE SERVICES VENUE ASSESSMENT CHECKLIST

Exit Doors

- ☐ Appropriate number
- ☐ Appropriate locations
- ☐ Appropriate size
- ☐ Appropriate operation

Avenues of Egress

- ☐ Sufficient width
- ☐ Adequate accessibility

Exit Route Markings

- ☐ Sufficient size
- ☐ Sufficient numbers
- ☐ Understandable
- ☐ Emergency lighting

Notification Systems

- ☐ Smoke
- ☐ Heat detectors
- ☐ Pull boxes
- ☐ Fire watch

Automated Fire Protection

- ☐ Sprinklers
- ☐ Zones
- ☐ Grids
- ☐ Hoods

Manual Fire Protection

- ☐ Extinguishers
- ☐ Hose lines
- ☐ Connections

Fire Department Connections

- ☐ Sprinkler
- ☐ Standpipe

Job Aids

Fire Department Response

- ☐ Time
- ☐ Size of assignment

Fire Spread Ratings of Stage Materials

Pyrotechnic Safety Used in the Show

Need for On-Duty Inspector and Technical Expert for HVAC System

Review and Update Pre-Plan

Ensure Occupancy Load is not Exceeded

Fire Lane Kept Clear

TAB 20: LAW ENFORCEMENT VENUE ASSESSMENT CHECKLIST

Crowd Control/Site Security

Access by the public: _____

Access by VIP's: _____

Access by Emergency Services: _____

Secondary Route: _____

Security Concerns: _____

Demographics of Spectators and Participants

Age: _____

Mobility: _____

Numbers: _____

Attitude: _____

VIP's: _____

Patrols

Uniformed: _____

Non-uniformed: _____

Other security: _____

Traffic

Control: _____

Concerns: _____

Job Aids

Alcohol

- ☐ None
- ☐ Limited access (such as beer gardens): _____

Onsite Command Post

Location: _____

TAB 21: EMERGENCY MEDICAL SERVICES VENUE ASSESSMENT CHECKLIST

Event Type

Hazards: _____

Vulnerabilities: _____

Environment

Indoor / Outdoor: _____

Climate: _____

Alcohol / Drugs: _____

Demographics of Spectators and Participants

Age: _____

Mobility: _____

Numbers: _____

Attitude: _____

VIP's: _____

Transportation

Access / Egress: _____

Americans with Disabilities Act (ADA) Compliance:

Internal / External:

Job Aids

Facility

Visibility / Lighting: _____

Fixed or Festival Seating: _____

Layout: _____

ADA Compliance: _____

Communications

Internal: _____

External: _____

TAB 22: IDENTIFYING YOUR JURISDICTION'S VULNERABILITIES

(see hazard analysis section in chapter 2)

Recording the Information

HAZARD PROFILE WORKSHEET
Hazard _____
Potential Magnitude <input type="checkbox"/> Catastrophic: Can affect more than 50 percent of the jurisdiction. <input type="checkbox"/> Critical: Can affect between 25 and 50 percent of the jurisdiction. <input type="checkbox"/> Limited: Can affect between 10 and 25 percent of the jurisdiction. <input type="checkbox"/> Negligible: Can affect less than 10 percent of the jurisdiction.
Areas Likely to be Most Affected (by sector) _____
Probable Duration _____
Potential Speed of Onset <input type="checkbox"/> More than 24 hours' warning probably will be available. <input type="checkbox"/> Between 12 and 24 hours' warning probably will be available. <input type="checkbox"/> Between 6 and 12 hours' warning will be available. <input type="checkbox"/> Minimal (or no) warning will be available.
Existing Warning Systems _____
Complete Vulnerability Analysis?* YES/NO

* Note that some hazards may pose such a limited threat to the jurisdiction that additional analysis is not necessary.

Job Aids

Ranking the Hazards

Based on a review of the Hazard Profile Worksheet, it may be possible to eliminate certain hazards from consideration as threats that require a potential response. Focusing the list of hazards under consideration at this point will make the overall hazard analysis easier to complete.

A sample Hazard Rating Worksheet format is shown below.

HAZARD RATING WORKSHEET				
Hazard	Likelihood	Potential Impact on Population	Potential Impact on Property	Level of Coverage in EOP
	0 = None 1 = Rare 2 = Occasional 3 = Frequent	0 = None 1 = Rare 2 = Occasional 3 = Frequent	0 = None 1 = Rare 2 = Occasional 3 = Frequent	0 = None 1 = Rare 2 = Occasional 3 = Frequent
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Job Aids

Assigning Severity Ratings

The planning team should use historical and analytical data to assign a *severity rating* to each type of hazard. The severity ratings selected should quantify, to the degree possible, the damage to be expected in the jurisdiction as a result of a specific hazard. An example of severity ratings is shown in the table below.

Level of Severity	Characteristics
Catastrophic	Multiple deaths. Complete shutdown of critical facilities for 30 days or more. More than 50 percent of property is severely damaged.
Critical	Injuries and/or illnesses result in permanent disability. Complete shutdown of critical facilities for at least 2 weeks. More than 25 percent of property is severely damaged.
Limited	Injuries and/or illnesses do not result in permanent disability. Complete shutdown of critical facilities for more than 1 week. More than 10 percent of property is severely damaged.
Negligible	Injuries and/or illnesses are treatable with first aid. Minor quality of life lost. Shutdown of critical facilities and services for 24 hours or less. No more than 1 percent of property is severely damaged.

Job Aids

Creating Frequency Distributions

After assigning a severity rating, the planning team should create a *frequency distribution* for each type of hazard. A frequency distribution categorizes the jurisdiction's *exposure* to each hazard (that is, the likelihood of occurrence for each type of hazard). Exposure can be assessed in terms of cycles, hours, or years. An example of exposure expressed in terms of years is shown in the table below.

Exposure	Meaning
Highly likely (H)	The potential for impact is very probable (near 100 percent) in the next year.
Likely (L)	The potential for impact is between 10 and 100 percent within the next year. or There is at least one chance of occurrence within the next 10 years.
Possible (P)	The potential for impact is between 1 and 10 percent within the next year. or There is at least one chance of occurrence within the next 100 years.
Unlikely (U)	The potential for impact is less than 1 percent in the next 100 years.

To prioritize the overall potential threat to a jurisdiction, the frequency distribution for each type of hazard should be cross-referenced with the severity rating and characteristics for each type of hazard. When the frequencies of distribution are cross-referenced with the severity ratings, the planning team should have a completed hazard analysis that gives a good picture of hazards that pose the greatest threat to the jurisdiction. Note, however, that after completing the hazard analysis, the planning team might have to take a long view that uses historical data to identify the most costly recent hazard(s) (that is, in terms of lives lost and values of property damage) to focus the planning effort on that hazard.

Job Aids

TAB 23: LOST CHILD INFORMATION SHEET

Date and time of report: _____

Case Number (if needed): _____ Officer Assigned: _____

Date and time of assignment: _____

Resolution

☐ Child was found. Location: _____ By whom: _____

☐ Parent left and did not return to CP after being advised to stay.

☐ Child was not found. Report was filed. Complaint number: _____

Information About the Child

Name: _____

Address: _____

DOB: _____ Phone Number: _____

Description of Child

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Clothing: _____

Unique physical features: _____

Other individuals with missing child: _____

Parental Information

Name: _____

Address: _____

Phone Number: _____ DOB: _____

Social Security #: _____

Job Aids

TAB 24: GASTROINTESTINAL ILLNESS QUESTIONNAIRE

(For use at first aid posts during gatherings)

Date: ____/____/____ Interviewed by: _____

Name: _____

Address: _____

Phone Number: _____

Symptoms: What symptoms have you had?

Diarrhea	YES / NO
----------	----------

Nausea	YES / NO
--------	----------

Vomiting	YES / NO
----------	----------

Abdominal cramps	YES / NO
------------------	----------

Headache	YES / NO
----------	----------

Fever	YES / NO
-------	----------

Blood in feces	YES / NO
----------------	----------

Joint or muscle aches	YES / NO
-----------------------	----------

Other: _____

When did the symptoms first start?

Date: ____/____/____

Time: _____ a.m./p.m.

Do you know of others who have been ill with similar symptoms?	YES / NO
--	----------

(Include names and contact details for others for further follow-up on reverse side of form.)

What have you eaten since being at this event and where was it purchased or obtained from?

Job Aids

(List the food history reverse side of the form, include all food, drinks, confectionery and any other snacks. It is important to list where the food was obtained from.)

Have you been swimming since being at this event?

Pool YES / NO

Spa YES / NO

River YES / NO

Lake YES / NO

Other: _____

Do you suspect anything, which may have caused your illness? YES / NO

Explain:

NOTE: Keep this form for review or collection by the supervisor or public health official. Report anything suspicious or, if several cases, similar illness within a short period of time. Provide report to local emergency rooms and those in surrounding communities for statistical analysis and distribution.

TAB 25: GUIDE FOR THE PROVISION OF FIRST AID

The number of first aid personnel and posts will vary with the type of event. As a guide, use the following formulation:

Patrons	First Aid Personnel	First Aid Posts
500	2	1
1000	4	1
2000	6	1
5000	8	2
10000	12	2
20000	22+	4

The number of first aid posts required would depend on what first aid room facilities are available. Every venue should have at least one climate controlled facility with electrical service and running potable water.

First aid providers are generally not required for events smaller than 500 patrons and which are held in close proximity to central ambulance/hospital services.

First Aid Posts

These should be conspicuous and identified by an illuminated sign at night. Ideal locations are near the main entrance, and for large concerts, provision should be made behind the stage barrier.

Casualties

Experience from other events has shown that most casualties are from:

- Heat-stroke, dehydration;
- Cuts from broken glass and drink can ring pulls;
- Injuries from missiles, usually bottles and cans;
- Fainting and exhaustion from a combination of hysteria, heat and alcohol, and at concerts, this often occurs at or near the stage barrier;
- Trampling or crushing from crowd pressure;
- Crowd “surfing” and stage diving;
- Illicit drug and alcohol abuse;
- Respiratory problems (asthma and emphysema)
- Epilepsy attacks brought about from strobe lighting; and
- Age-related illness.

Job Aids

TAB 26: INCIDENT ACTION PLAN SCHEDULE

Operational Period:

Date:

	Form	Responsibility	Time Needed By
Cover			
Incident Objectives	202		
Organization Assignment	203		
Division Assignment	204		
Communication Plan	205		
Medical Plan	206		
Traffic Plan			
Weather Forecast			
Fire Behavior Forecast			
Air Operations Summary	220		
Safety Message			
Tool and Equipment Plan			
Finance Message			
Rehabilitation Plan			

Job Aids

TAB 27: ICS FORM 201 – INCIDENT BRIEFING

Purpose: The Incident Briefing form provides the Incident Commander (and the Command and General Staffs assuming command of the incident) with basic information regarding the incident situation and the resources allocated to the incident. It also serves as a permanent record of the initial response to the incident.

Preparation: The briefing is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing. Proper symbology should be used when preparing a map of the incident.

Distribution: After the initial briefing of the Incident Commander and General Staff members, the Incident Briefing is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit.

Instructions for Completing the Incident Briefing (ICS Form 201)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Map Sketch	Show perimeter and control lines, resources assignments, incident facilities, and other special information on a sketch map or attached to the topographic or orthophoto map.
5.	Prepared By	Enter the name and position of the person completing the form.
	Resources Ordered	Enter the number and type of resource ordered.
	Resource Identification	Enter the agency three-letter designator, S/T, Kind/Type and resource designator.
	ETA/On Scene	Enter the estimated arrival time and place the arrival time or a checkmark in the “on the scene” column upon arrival.
	Location/Assignment	Enter the assigned location of the resource and/or the

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		actual assignment.
6.	Summary of Current Actions	Enter the strategy and tactics used for the incident and note any specific problem areas.
7.	Current Organization	Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary.
8.	Resources Summary	Enter the following information about the resources allocated to the incident. Enter the number and type of resources ordered.
*NOTE		Additional pages may be added to ICS Form 201 if needed.

Job Aids

INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
ICS 201	PAGE 1	5. PREPARED BY : (NAME AND POSITION)	

Job Aids

6. SUMMARY OF CURRENT OBJECTIVES AND ACTIONS		
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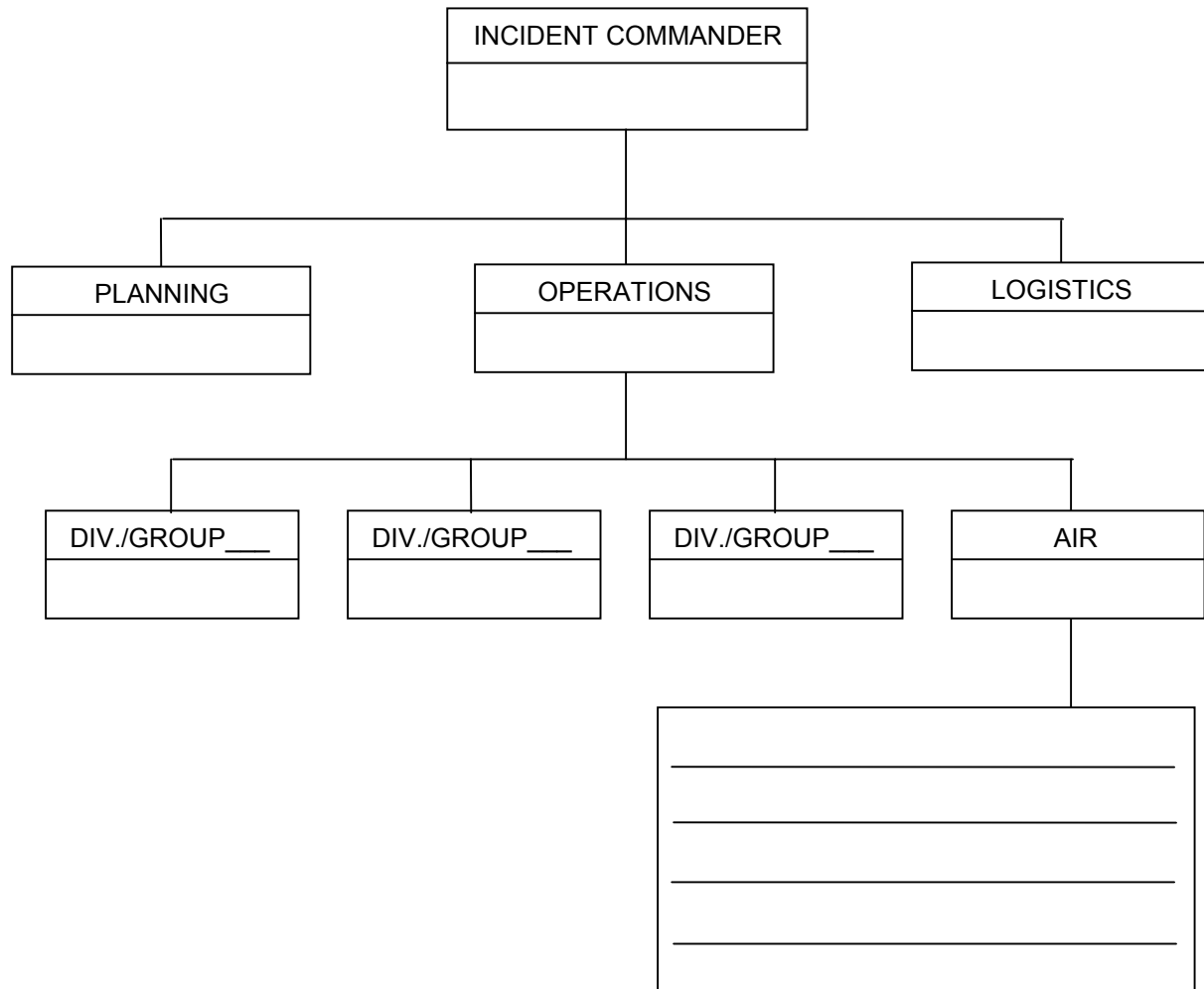
CURRENT OBJECTIVES		
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CURRENT ACTIONS		
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ICS 201	PAGE 2	
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7. CURRENT ORGANIZATION



ICS 201

PAGE 3

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8. RESOURCES SUMMARY

[illegible]

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TAB 28: ICS FORM 202—INCIDENT OBJECTIVES

Instructions for Completing the Incident Objectives (ICS Form 202)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		NOTE: ICS Form 202, Incident Objectives, serves only as a cover sheet and is not considered complete until attachments are included.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the form applies. Record the start time and end time and include date(s).
5.	General Control Objectives (Include alternatives)	Enter short, clear, and concise statements of the objectives for managing the incident, including alternatives. The control objectives usually apply for the duration of the incident.
6.	Weather Forecast for Operational Period	Enter weather prediction information for the specified operational period.
7.	General Safety Message	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached.
8.	Attachments	The form is ready for distribution when appropriate attachments are completed and attached to the form.
9.	Prepared By	Enter the name and position of the person completing the form (usually the Planning Section Chief).
10.	Approved By	Enter the name and position of the person approving the form (usually the Incident Commander).

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INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (IF ATTACHED) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</div> <div style="width: 33%;"><input type="checkbox"/> MEDICAL PLAN (ICS 206)</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> <div style="width: 33%;"><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</div> <div style="width: 33%;"><input type="checkbox"/> INCIDENT MAP</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> <div style="width: 33%;"><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</div> <div style="width: 33%;"><input type="checkbox"/> TRAFFIC PLAN</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> </div>			
ICS 202 1-97	9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)	

TAB 29: ICS FORM 203—ORGANIZATION ASSIGNMENT LIST

Purpose: The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position or unit. It is used to complete the Incident Organization Chart (ICS Form 207) which is posted on the Incident Command Post display.

Preparation: The list is prepared and maintained by the Resources Unit under the direction of the Planning Section Chief.

Distribution: The Organization Assignment List is duplicated and attached to the Incident Objectives form and given to all recipients of the Incident Action Plan.

Instructions for Completing the Organization Assignment List (ICS Form 203)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
		An Organization Assignment List may be completed any time the number of personnel assigned to the incident increases or decreases or a change in assignment occurs.
1.	Incident Name	Print the name assigned to the incident.
2.	Date Prepared	Enter date prepared (month, day, year).
3.	Time Prepared	Enter time prepared (24-hour clock).
4.	Operational Period	Enter the time interval for which the assignment list applies. Record the start time and end time and include date(s).
5 through 10.		Enter the names of personnel staffing each of the listed positions. Use at least first initial and last name. For Units indicate Unit Leader and for Division/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated.
	Prepared By	Enter the name of the Resources Unit member preparing the form. Attach form to the Incident Objectives.

Job Aids

ORGANIZATION ASSIGNMENT LIST		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
5. INCIDENT COMMANDER AND STAFF		4. OPERATIONAL PERIOD (DATE/TIME)		
INCIDENT COMMANDER		9. OPERATIONS SECTION		
DEPUTY		CHIEF		
SAFETY OFFICER		DEPUTY		
INFORMATION OFFICER		a. BRANCH I - DIVISION/GROUPS		
LIAISON OFFICER		BRANCH DIRECTOR		
6. AGENCY REPRESENTATIVES		DEPUTY		
AGENCY	NAME	DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		b. BRANCH II - DIVISION GROUPS		
		BRANCH DIRECTOR		
7. PLANNING SECTION		DEPUTY		
CHIEF		DIVISION/GROUP		
DEPUTY		DIVISION/GROUP		
RESOURCES UNIT		DIVISION/GROUP		
SITUATION UNIT		DIVISION/GROUP		
DOCUMENTATION UNIT		DIVISION/GROUP		
DEMOBILIZATION UNIT		c. BRANCH III - DIVISION GROUPS		
TECHNICAL SPECIALISTS		BRANCH DIRECTOR		
		DEPUTY		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
		DIVISION/GROUP		
8. LOGISTICS SECTION		DIVISION/GROUP		
CHIEF		d. AIR OPERATIONS BRANCH		
DEPUTY		AIR OPERATIONS BR DIR		
a. SUPPORT BRANCH		AIR TACTICAL GROUP SUP		
DIRECTOR		AIR SUPPORT GROUP SUP		
SUPPLY UNIT		HELICOPTER COORDINATOR		
FACILITIES UNIT				
GROUND SUPPORT UNIT		AIR TANKER FIXED-WING CRD		
		10. FINANCE SECTION		
b. SERVICE BRANCH		CHIEF		
DIRECTOR		DEPUTY		
COMMUNICATIONS UNIT		TIME UNIT		
MEDICAL UNIT		PROCUREMENT UNIT		
FOOD UNIT		COMPENSATION CLAIMS		
		COST UNIT		
ICS 203	PREPARED BY (RESOURCES UNIT)			

TAB 30: INCIDENT RADIO COMMUNICATIONS PLAN

Purpose: The Incident Radio Communications Plan provides in one location information on all radio frequency assignments for each operational period. The plan is a summary of information obtained from the Radio Requirements Worksheet (ICS Form 216) and the Radio Frequency Assignment Worksheet (ICS Form 217). Information from the Radio Communications Plan on frequency assignments is normally placed on the appropriate Assignment List (ICS Form 204).

Preparation: The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on preparing this form may be found in ICS 223-5, Communications Unit Position Manual.

Distribution: The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form including the Incident Communications Center. Information from the plan is placed on Assignment Lists.

Instructions for Completing the Incident Radio Communications Plan (ICS Form 205)

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1.	Incident Name	Print the name assigned to the incident.
2.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Operational Period Date/Time	Enter the date and time interval for which the Radio Communications Plan applies. Record the start time and end time and include date(s).
4.	Basic Radio Channel Utilization System/Cache	Enter the radio cache system(s) assigned and used for the incident (e.g., Boise Cache, FIREMARS, Region 5, Emergency Cache, etc.).
	Channel	Enter the radio channel numbers assigned.
	Function	Enter the function each channel number is assigned (i.e.,

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		command, support, division, tactical, and ground-to-air.)
	Frequency	Enter the radio frequency tone number assigned to each specified function (e.g., 153.400).
	Assignment	Enter the ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
5.	Prepared By	Enter the names of the Communications Unit Leader preparing the form.

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INCIDENT RADIO COMMUNICATIONS PLAN		1. INCIDENT NAME	2. DATE/TIME	3. OPERATIONAL PERIOD DATE/TIME	
4. BASIC RADIO CHANNEL UTILIZATION					
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS
ICS 205	5. PREPARED BY (COMMUNICATIONS UNIT)				

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TAB 31: ICS FORM 206—MEDICAL PLAN

Medical Plan	Incident Name:	Date Prepared:	Time Prepared:	Operational Period:				
5. Incident Medical Aid Stations								
Medical Aid Stations		Location			Paramedics? Yes — No			
6. Transportation								
A. Ambulance Services								
Name		Location		Phone Number	Paramedics? Yes — No			
B. Incident Ambulances								
Name		Location			Paramedics? Yes — No			
7. Hospitals								
Name	Address	Travel Time		Phone Number	Helipad		Burn Center	
		Air	Ground		Yes	No	Yes	No
8. Medical Emergency Procedures								

ICS 206

TAB 32: ICS FORM 207—INCIDENT ORGANIZATION CHART (ICS FORM 207)

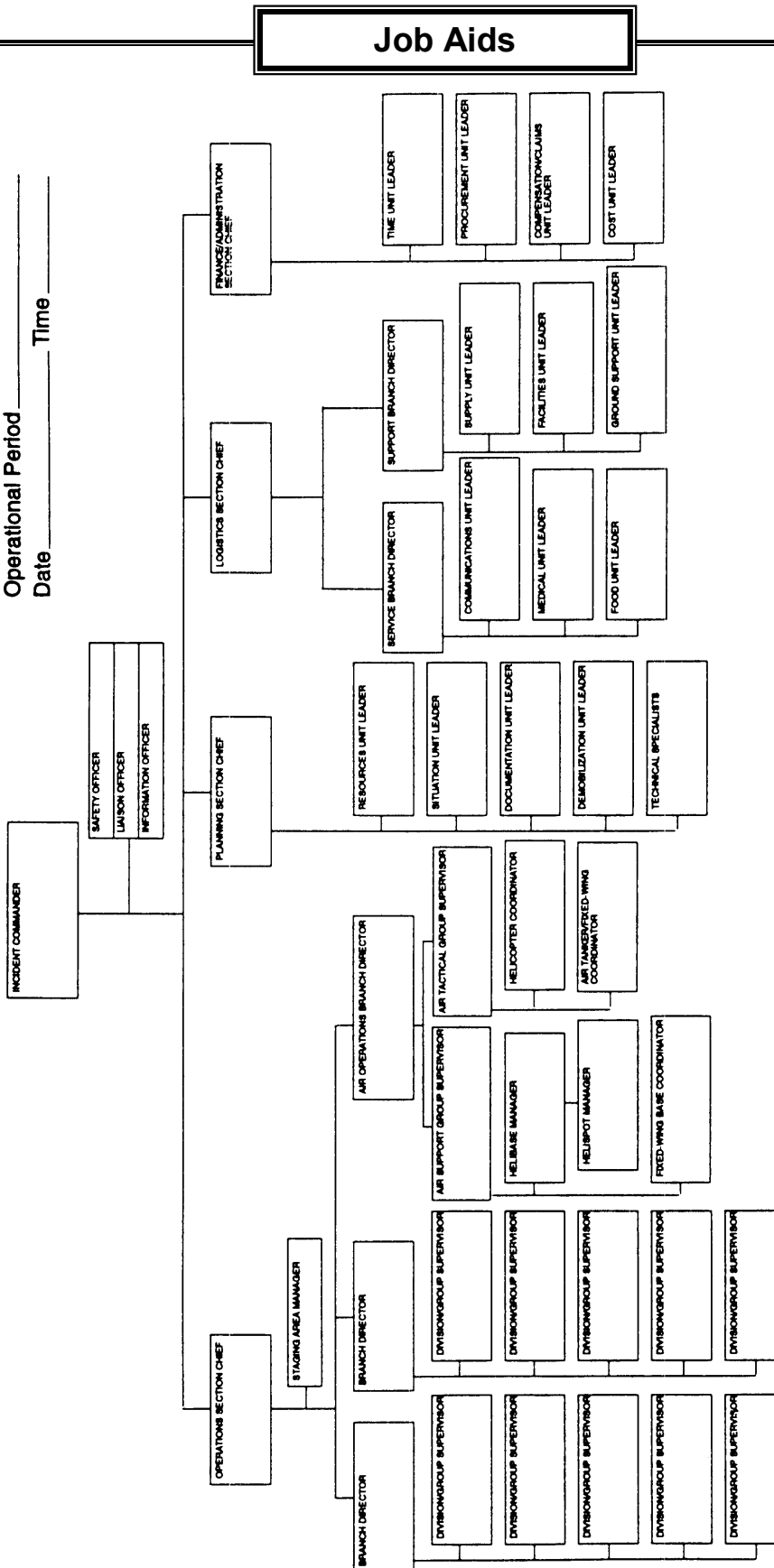
Purpose: The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. The attached chart is an example of the kind of organizational chart used in the ICS. Personnel responsible for managing organizational positions would be listed in each box as appropriate.

Preparation: The organization chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. A chart is completed for each operational period and updated when organizational changes occur.

Distribution: When completed, the chart is posted on the display board located at the Incident Command Post.

Wall Size Chart: The ICS 207 WS is a large chart that is primarily used to post on the command post display board for better visibility.

Incident Name _____
 Operational Period _____
 Date _____ Time _____



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TAB 34: ICS FORM 214—UNIT LOG

[illegible]

ICS 214

Job Aids

TAB 35: EXPENSE REPORT

Prepared by:

Date / time:

Incident:

Name:

Title:

SS#:

DATE:							TOTAL
LOCATION:							
T I M E	Regular Hours						
	Overtime Hours						
T R A N S P O R T A T I O N	Vehicle Mileage						
	Common Carrier Transportation Cost						
	Vehicle Fuel/Oil Cost						
	Tolls						
	Vehicle Repair Cost						
O T H E R	Lodging Cost						
	Meals Cost						
	Equipment Repair Cost						
	Miscellaneous						
EXPENSE TOTAL							

NOTE: Attach copies of travel vouchers, meal receipts, hotel bills, lodging requests, toll receipts, and/or repair bills. Copy of time sheet and copy of vehicle cost record and gas or repair receipts must be submitted at end of month.

TAB 36: HAZMAT/ B-NICE DATA COLLECTION REPORT**Reported by:** _____**Phone Number:** _____**Agency or Home Address:** _____**Date and Time of Incident:** _____**Incident Location and Description**

Neighborhood and occupancy: _____

Topography: Urban Rural Suburban

Describe: _____

Population sensitive areas (for example, nursing homes, schools, or hospitals):
_____**Reason for Report**☐ Unusual liquid droplets☐ People becoming sick☐ Unusual odors☐ People dying☐ Unusual cloud or vapor☐ Dead/discolored vegetation☐ Unusual metal debris☐ Dead/dying or sick animals☐ Other (describe): _____**Weather**☐ Clear☐ Cloudy☐ Misty☐ Rain☐ Temperature: _____☐ Snow☐ Relative humidity: _____☐ Other (describe): _____

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Wind

Direction (to/from): _____

Speed (none, mild, gusts, high winds): _____

Other (describe): _____

Odor

☐ None

☐ Irritating

☐ Garlic/Horseradish

☐ Sweet

☐ Pepper

☐ Fruity

☐ Changing

☐ Other (describe): _____

☐ Flower

☐ Forest

☐ Almond/Peach

☐ Fresh Hay

☐ Rotten Eggs

Visible Emission

☐ Cloud or Vapor

☐ Mist

☐ Smoke

☐ Liquid

☐ Other (describe): _____

Signs and Symptoms

☐ None

☐ Tightness in chest

☐ Dizziness

☐ Blurred Vision

☐ Difficulty breathing

☐ Fever

☐ Runny nose

☐ Other (describe): _____

☐ Stinging of skin

☐ Reddening of skin

☐ Welts/blisters

☐ Nausea/Vomiting

☐ Choking

☐ Diarrhea

Job Aids

Date and Time of Onset: _____

Duration of Symptom(s): _____

Number of Casualties: _____

Explosion/Fires

☐ None

☐ Structure

☐ Air

☐ Underground

☐ Ground

☐ Other (describe): _____

Describe device: _____

Describe container / condition / size: _____

Describe location where device was found: _____

Describe structures involved / estimated damage: _____

Report filed by:

Federal Chemical/Biological Hotline: (800) 424-8802

TAB 37: RESPONSE GUIDE TO WMD TERRORIST INCIDENTS

Provided by the New Jersey State Police

Types of Threats

1. *Biological*—living organisms, or the materials derived from them, that cause disease and sickness in humans.
2. *Nuclear*—includes the application of a conventional nuclear device or the inclusion of radioactive materials as part of a “dispersal” type device.
3. *Incendiary*—any mechanical, electrical or chemical device used to intentionally initiate combustion.
4. *Chemical*—compounds which, through their chemical properties, produce lethal or damaging effects to people, animals, plants or materials.
5. *Explosive*—any substance, mixture, item or device designed to function by the instantaneous release of gas and heat usually accompanied by light, loud report, and possibly a shock wave.

Basic Response Methodology

1. Protect yourself / use a safe approach;
2. Identify and recognize the hazard;
3. Isolate the area / secure the scene; and
4. Set up command / request additional help.

Remember: Unsubstantiated rumors or opinions can generate panic.

Key to Self-Preservation

1. *Time*—Minimize any exposure time.
2. *Distance*—Maximize the distance between yourself and the item that is likely to cause harm.
3. *Shielding*—Use cover as protection. Wear appropriate personal protective equipment and respiratory protection if possible.

Crime Scene Procedure

1. Be aware of people arriving or departing the scene. Note license numbers and other descriptive information.
2. Advise witnesses and bystanders to remain at the scene in a *safe* location until law enforcement personnel can interview them.
3. Be alert to physical evidence, such as footprints, wrappers, or matches, and notify authorities of such findings.
4. If possible, sketch, photograph, or videotape the scene.
5. Document victims’ statements and any other evidence they may possess.
6. Use evidence-saving techniques whenever possible (for example, fog spray or containment).

Job Aids

Golden Rule

Do not touch, disturb, or remove anything without the knowledge and approval of law enforcement.

INCIDENT	HAZARDS	NA ERG GUIDE PAGE	PERSONAL SAFETY
Incendiary	Thermal, mechanical, chemical, asphyxiative, ambush	Guide #'s 118, 127, 134, 136 & 139. Improved materials may be extremely sensitive, reactive & unpredictable	For incendiary and explosive: remove people from potential threat, do not touch suspect items, do not disturb or change environment, do not use two-way radios, beware of booby traps and/or secondary devices
Explosive	Mechanical, thermal, chemical, etiological, radiological, ambush	Guide #'s 112, 114. Improvised materials may be extremely sensitive, reactive & unpredictable	
Biological	Etiological/biological	Guide #158	For biological and chemical: evacuate upwind, use PPE & respiratory protection if possible, if incident is outside then seal doors and windows and turn off air conditioners, when clear of contaminated area start decon by removing all apparel and aggressively wash skin and irrigate eyes
Chemical	Chemical, thermal, asphyxiative, mechanical	Guide #'s 123, 153. Improvised materials may be sensitive, reactive & unpredictable	
Nuclear	Radiological, thermal, chemical, mechanical, ambush	Guide #163. Improvised materials may be extremely sensitive, reactive & unpredictable	All of the above apply

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SCENE MANAGEMENT	
<p>Park vehicles and position responders upwind/upgrade and not to close.</p> <p>Immediately notify your agency dispatcher that you are involved in a possible terrorist incident and establish the incident command system.</p> <p>Provide your dispatcher with the following information:</p> <ul style="list-style-type: none"> a) incident description b) exact location of incident c) location of command, i.e., Main Street Federal Building Command d) type or types of structure involved e) type or types of vehicles involved f) type of substance(s) released or involved g) presence of fire, spilled liquids, vapor leaks h) known injuries or casualties i) alert hospitals to imminent mass injuries (many may arrive in their own car) j) public evacuations? How much public exposure? k) Request necessary resources immediately: DEP/bomb squad/HAZMAT unit/urban search & rescue/medical teams/etc. l) Route of approach for other responders, i.e., wind direction 	<p>Establish an isolation distance (hot zone) and prohibit traffic from passing through the incident. This distance will depend on the types of hazards and the location of the incident. In explosive incidents, emphasize the possibility of secondary devices.</p> <p>Do not remain in the path of a vapor cloud or leaking materials. Be alert to signs of escaping materials or agents. Note sounds of escaping gas, odd smells, etc.</p> <p>The incident is a crime scene. Preserve suspected evidence wherever possible.</p> <p>Use the D.E.C.I.D.E. process:</p> <p>D - detect the presence of a terroristic incident</p> <p>E - estimate likely harm without intervention</p> <p>C - choose the response objectives (terroristic incidents require assistance from other agencies)</p> <p>I - identify the action options (based on your training and personal protective equipment)</p> <p>D - do the best option</p> <p>E - evaluate your progress</p>

EMERGENCY SELF-DECONTAMINATION	
(1) Blot off the agent	(3) Flush the affected area with large amounts of water
(2) Strip off all the clothing	(4) Cover the affected area

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TAB 38: ALCOHOL, FIREARMS, AND TOBACCO (ATF) AGENCY BOMB THREAT CHECKLIST

Place by each telephone. Duplicate as necessary.

Exact date and time of call: _____

Exact words of caller: _____

Questions to ask

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

Caller's Voice (Please circle appropriate terms.)

calm	disguised	nasal	angry	broken
stutter	slow	sincere	lisp	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks: _____

Person receiving call: _____

Telephone number where call was received: _____

Report call immediately to: _____

(Refer to bomb incident plan.)

TAB 39: FIRST RESPONSE TO A TERRORIST INCIDENT

The following are some guidelines developed by the Pennsylvania Emergency Management Agency for responders on the scene of a terrorist incident.

The Ten “Ates”

1. **Evacuate** the area as quickly and safely as possible.
2. **Isolate** the site to restrict access by all personnel.
3. **Hesitate**, Fools Rush In. Don't be one. Do not enter the scene until you-
4. **Evaluate** the situation and your potential response actions.
5. **Communicate** your conclusions and call for assistance as necessary (because of bomb danger, use NO radios or cellular phones closer than 300 yards). Notify hospitals as appropriate.
6. **Infiltrate** Go in carefully, only when it's time to do so.
7. **Procrastinate** Take no action until it is as safe as possible, and necessary.
8. **Investigate** Remember, this is a crime scene. Do not exceed your authority but support and assist the investigation as appropriate.
9. **Cooperate** with other responders (teamwork!) and with those in charge.
10. **Decontaminate** and clean up carefully to avoid accidental removal of evidence and to avoid endangering others.

Golden Rule for First Responders

Do not touch anything at a crime scene or remove anything from a crime scene unless 1) it is absolutely necessary for the performance of your official duties, or 2) it is done with the concurrence of the appropriate law enforcement personnel.

REMEMBER

THIS IS A CRIME SCENE. It is the scene of a deliberately violent and lethal act. THERE MAY BE MORE ACTS.

Words to Live By

- Do not create more casualties “rescuing” the dead.
- Life safety -- of 1) responders and 2) victims -- is first priority.
- Second priority is preservation of evidence.
- Examine victims for injuries and weapons. A perpetrator may have been injured, too.

Chemical Incident

- Approach from upwind if possible.
- Use personal protective equipment.
- Stay clear of spills, vapors, fumes, and smoke.
- Exclusion zone: 1,500 feet.
- Use fog streams instead of solid streams where possible to preserve evidence.
- Contain runoff where possible.
- Cover all entries with charged lines to prevent flare-ups.

Bomb

- *Assume there are more!* Responders may be terrorist targets, too.
- Establish 300 yard exclusion zone.
- Do *not* use radios or cellular phones within 300 yards of the site.
- Remove the injured as quickly and carefully as possible; leave the dead for coroners.

Biological/Nerve Agents

- Watch for numbers of people or animals exhibiting similar symptoms of illness.
- Watch for human or animal remains with no apparent trauma.
- *IMMEDIATELY* don respirator and leave area if situation is suspicious.

Nuclear/Radiological

- Not detectable without monitoring equipment.
- Distance is best immediate protection; enforce bomb exclusion zone.
- Remember: “Time, Distance, Shielding.”